			FORM C/OH - FR ID NTONIO
	The I	Instruction Guide explains how to complete this form	Val
	- Cor	mplete only if "Report Type" on page 1 is marked "Final Report" ••) 12: 1 h
1	C/OH	NAME	Z ACCOUNT #(Ethics Commission Rens)
		Tony 2. Ganga	
3	SIGN	ATURE	
	a rep	not expect any further political contributions or political expenditures in connection with my cano port as a final report terminates my campaign treasurer appointment. I also understand the distributions or make any campaign expenditures without a campaign treasurer appointment on file	set I may not accept only compaign
		Signature	of Eandidate / Officeholder
4	FILER	R WHO IS NOT AN OFFICEHOLDER nplete A & B below only if you are a candidate	
	A.	CAMPAIGN FUNDS	
	Chec	sk only one:	·
	夕	I do not have unexpended contributions or unexpended interest or income earned from politic	cal contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political convert unexpended political contributions or unexpended interest or income earned on political contributions and that I must or unexpended interest or income earned on political contributions longer than six years at understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or unexpended interest or income earned on political contributions and that I must file an annual report of unexpended contributions and that I must political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political contributions are unexpended interest or income earned on political con	ical contributions to personal use. I not retain unexpended contributions ter filing this final report. Further I
	B.	ASSETS	
	Chec	sk gafy one:	
	Ø	I do not retain assets purchased with political contributions or interest or other income from p	political contributions.
		I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income frouse. I also understand that I must dispose of assets purchased with political contributions in Election Code, § 254.204.	m political contributions to personal
			1,
		Sign	nature of Candidate
			9
5		CEHOLDER plete this section <i>only</i> if you are an officeholder	· .
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not	have a campaign treesurer on file.
		Signa	ature of Officeholder

P.O. Box 12070

CORRECTION AFFIDAVIT FORM COR-C/OH

(512)463-5800

	CANDIDATE/OFFI	CEHOLDER 2001 113 - 2	1911 12: 16	
See backside for instructions		2001 1125 - 4	i i i i i i i i i i i i i i i i i i i	
1 ACCOUNT#	Z Total	pages filed:		
CANDIDATE / OFFICEHOLDER	FIRST	RMI	OFFICE Date Received	USE ONLY
NAME	i LAST	SUFFIX	Date (Notality)	
4 ORIGINAL Jan REPORT TYPE July	Runoff Exceeded \$500 limit	Other (specify)	Date Hand-delivered o	or Date Postmarked
	n day before election 15th day after treasure appointment (officeho		Receipt #	Amount
5 ORIGINAL PERIOD COVERED	Day Year Month	Day Year	Legal Date Processed	Totals
~/	THROUGH	120/01	Date imaged	
EXPLANATION OF CORRECTION	jncomplede K	Sport		
7 AFFIDAVIT				and this competed
	report promp or affir report	ar, or affirm, under pen is true and correct and to the after learning of the erm, under penalty of pering requirement when the after th	that I am filing this rror(s) in the origir jury, that I did not	s corrected report lal report. I swear, intend to violate a
AFFIX NOTARY STAND & SE			ndigate or Officeholder	
Sworn to and subscribed 200	ALABOBELLINE TONY R. CO	Was this the 2 nd	day of Angus	<u>t</u> ,20 <u>01</u> ,
to certify which, witness my ha	and and seal of office.			
Melinda S. log	Melinda S. lope	t .	Notang	
Signature of officer administering oath	Printed name of officer administer	ing cath Title	of officer asministering	oath
Damanhar 1	o Attach Any Part Of The C	amnaign Finance	e Report For	m .

Needed To Report And Explain Corrections

CORRECTION AFFIDAVIT

FORM COR-C/OH

	FOR	RECEIVED
C	CANDIDATE/OFFICEHOL	DER CITY CLERK
See backside for instructions		2001 MAY 211 P 12: 07
1 ACCOUNT#	Z Total pages filed:	2001
CANDIDATE / STITLE OFFICEHOLDER	FIRST 2 M	OFFICE USE ONLY
NAME		Date Received
4 ORIGINAL January REPORT TYPE July 15	Runoff Exceeded \$500 limit Description De	Date Hand-delivered or Date Postmarked
	appointment (officeholder only) before election Final report	Receipt # Amount
5 ORIGINAL Month	Day Year Month Day	Year Legal Totals
DEDIOD COVEDED /	22/0/ THROUGH MAY	Date Processed
	092	Date Imaged
EXPLANATION OF CORRECTION	onacct Report	riled
	MARA 15 01 TO READ F	ENAL REPORT
7 AFFIDAVIT	report is true and corre promptly after learning or affirm, under penalty	der penalty of perjury, that this corrected oct and that I am filing this corrected report of the error(s) in the original report. I swear, of perjury, that I did not intend to violate a when I filed the original report.
AFFIX NOTARY STAMPS SEAL	ABOVE Sign	of Candidate of Officeholder
11,04-04-2005 IN		
Sworn to and subscribed before n	ne by TVM GATZA this the	24 day of MAY , 20 0/.
to certify which, witness my hand	, , , , , , , , , , , , , , , , , , ,	/
Melinda s. lop	Melinda s. lopez	Motary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Remember To	Attach Any Part Of The Campaign Fi	nance Report Form

5

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 787	11-2070	(512)463-5800	1-800-325-850
	TE/OFFICE N FINANCE		Y OF SAM ANTOM CITY CLERK MAR 15 AM 10: 10	COVER SH	RM C/OH HEET PG 1
The C/OH INSTRUCTION this form.	DN GUIDE explains h	ow to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages file	ıd:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	Towy .	R		USE ONLY
	NICKNAME	GARZA	SUFFIX	· · · Date Received	01 FR
4 CANDIDATE / OFFICEHOLDER ADDRESS		PT/SUITE#; CIT		Date Hand-delivered	₹
Change of Address	SAN	Antorio	TX 78212		
5 CAMPAIGN TREASURER NAME	TITLE	CARlos LAST A/EMA	SUFFIX	Receipt # Date Processed Date Imaged	Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO	BOXPLEASE): APT/SUITE Schncing San Artan	wio TX 7d	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE P	HONE NUMBER	EXTENSION P		
8 REPORT TYPE	January 15	30th day before election	Runoff	15th day after c appointment (of	ampaign treasurer ficaholder only)
	July 15	8th day before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)
9 PERIOD COVERED	Month Day / 23/C	Year THROUG		Day Year (1947)	
TO ELECTION	Month Day 5 / 5 / 0	Year ELECTION TYPE	Runoff	General	Special
11 OFFICE	OFFICE HELD (if anv)		12 OFFICE SOUGHT (if	,	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expen Candidates are required to	ditures are campaign expend o disclose this information on	ditures made by others without the	e candidate's prior consent e direct campaign expendite	ure. ••
BY OTHER INDIVIDUALS	Address / PO Box; Apt. / S	JONE uite #: City: State: Zi	p Code	_	** ~
additional pages	municos I PO DUA, MILETS	m only, State, Al			
		GO TO P	AGE 2		Ciew

Texas Ethics Commission	P.O. Bax 120	770 Austin, Texas 78711-2070	(512)463-5800 1-800-325-850
CANDIDA	TE / OFFI	CEHOLDER REPORT:	FORM C/OH
SUPPORT	& TOTAL	.S	COVER SHEET PG 2
			OOVER OREET PG Z
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
46 NOTIOE	long R	- GANA	•
16 NOTICE FROM		tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures
POLITICAL COMMITTEE(S)	this information only	, see the see of such expenditures.	too and onicendiders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
			9 =
	GENERAL.	COMMITTEE ADDRESS	PR CIGAR
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			PH DEST
		COMMITTEE CAMPAIGN TREASURER ADDRESS	$\frac{\omega}{z}$
			02
17 NO REPORTABLE ACTIVITY	Charleban V.		
ACTIVITY	Check here if h	o reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
IOIALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150
	2. TOTAL	POLITICAL CONTRIBUTIONS	1-1
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150
EXPENDITURE	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	
TOTALS	_	, (\$ 150
	4. TOTAL	POLITICAL EXPENDITURES	
			\$ 13 0
OUTSTANDING	5. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS	LAST DA	Y OF THE REPORTING PERIOD	\$ 0
19 AFFIDAVIT			
		SWEET OF Office under penalty of ma	÷
		I swear, or affirm, under penalty of pe is true and correct and includes all info	ormation required to be reported by
	BRUCE W. BRISTOW	me under Title 15, Election Code.	
	MY COMMISSION EXPIRE April 4, 2004		
A. A. A.		<u> </u>	res _
		Signature of Candida	ate officeholder
AFFIX NOTARY STAMP	/ SEAL AROVE	<u></u>	21.5
Swom to and subscribe			this the <u>/4</u> day
of ///w-ch, 20	0 / , to certif	y which, witness my hand and seal of office.	
	11		
Dun.	ST)	Bruce W. Bristow Pres	sident
Signature of officer adm	enistering ceth	Printed name of officer administering oath Title	of officer administering oath

	CANDIDATE / OFFICEHOLDER CITY OF SAIL ANTOMO COMMENT OF SAIL ANTOMO							
	e C/OH INSTRUCTION is form.	N Guide explains how to compl		COUNT# hios Commission filers)	2 T	otal pages filed:		
3	CANDIDATE / OFFICEHOLDER	TITLE FIRST TOWY	, -	R		OFFICE US	SE ONLY	
	NAME	NICKNAME LAST		SUFFIX	· · · Date I	Received	2	
		GAR		· · · · · · · · · · · · · · · · · · ·		;	PR Har	
4	CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT/BUTTER:	otr: .iner	STATE: ZIP COD		and-delivered or C	-2	
	Change of Address	SAN Anton	10 7	7842	-			
5	CAMPAIGN TREASURER	TITLE FIRST CAR	los	MI			3: 0	
	NAME	NICKNAME LAST		. ,	Receip	Processed	Amount	
		Ale	MAN		Date is			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); A	PT / SUITE #;	CITY; STATE:	ZIP C	ODE		
	TREASURER ADDRESS (Residence or business)	101 Schap	tari l	P1 70	2/1	_		
7	CAMPAIGN ' TREASURER PHONE	AREA CODE PHONE NUMBER (20) 73860	6 PP	EXTENSION				
8	REPORTTYPE	January 15 30th day before	election	Runolf		5th day after camp ppointment (office)		
		July 15 Sth day before o	slection	Exceeded \$500 limit	F	inel report (Attach	C/OH - FR)	
9	PERIOD COVERED	Month Day Year 1 / 22/0/	THROUGH	Month 63/6	Dey Yo			
10	ELECTION	Month Day Year	ION TYPE			_		
		5/5/01 0	Primary	Runoff	General	L	Special	
11	OFFICE	OFFICE HELD (If any)		12 OFFICE SOUGHT (N	•			
13	NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaig Candidates are required to disclose this inform	n expenditures nation only if the	made by others without th	e candidate's p	orlor consent or a sign expenditure.	pproval.	
	BY OTHER INDIVIDUALS	NONE			<u>-</u>		* * *	
	additional pages	Address / PO Box; Apt. / Suite #; City; St	ate; Zip Code					
		GO	TO PAG	E 2				

CANDIDA' SUPPORT	FORM C/OH COVER SHEET PG 2						
4 C/OH NAME	TONY R	- GARA	15 ACCOUNT #(Birling Commission Rors)				
FROM POLITICAL COMMITTEE(S)	This box is for no may have been med	stice of political expenditures by political committees to support the care without the candidate's or officeholder's knowledge or consent. Candiff they receive notice of such expenditures.	ndidate / officeholder. These expenditures idates and officeholders are required to report				
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	9 E				
	GENERAL	COMMITTEE ADDRESS	PR COL				
	SPECIFIC		1-2 1-2				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	PH FINAL COMMITTEE COMMITT				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3: 02				
7 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidevit below and submit pages 1 and 2 only.)						
CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					

TOTAL POLITICAL CONTRIBUTIONS

TOTAL POLITICAL EXPENDITURES

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

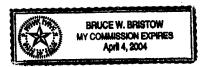
19				

TOTALS

EXPENDITURE

OUTSTANDING

LOAN TOTALS



3.

4.

5.

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said	Tony	R. Garra	, this the c	jay
of March , 20 0 / , to certify which,	witness my h	nand and seal of office.		

litle of officer administering outh

0

\$